



**Accessibility Compliance Form**  
for  
Alterations to Existing Structures



**City of Fairfax**  
**Fire Department**  
**Office of Code Administration**  
**10455 Armstrong St #208**  
**Fairfax VA 22030**  
**703-385-7830 fax 703-385-9265**  
**www.FairfaxVA.gov**

**See the 2003 IBC for specific accessibility requirements.**

Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_

Building Permit Number: \_\_\_\_\_ Date: \_\_\_\_\_

**CHECK APPLICABLE BOX**

☐ The accessible route\*, from the building entrance to the primary function area being altered is in full compliance with the accessibility requirements of the 2003 International Building Code (IBC).

☐ The cost of providing a fully compliant accessible route\* exceeds 20% of the cost of the proposed alterations to this space. At least 20% of the total project cost will be for ADA compliant features and will include upgrading the following items on the accessible route (see IBC Section 3408.6).

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**\*The accessible route includes restrooms, drinking fountains, and telephones serving the altered area.**

The undersigned, \_\_\_\_\_

(Print name and title)

of \_\_\_\_\_

(Print street address, city, state, and zip code)

as owner/tenant/designer of this project hereby certifies the content of this certificate.

\_\_\_\_\_  
(Signature of owner/tenant/designer)

City/County of \_\_\_\_\_ Commonwealth of Virginia

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Notary Public \_\_\_\_\_

My Commission Expires \_\_\_\_\_

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